

Utah Insurance Department
State Office Building, Rm 3110
Salt Lake City, UT 84114
Brent Oscarson, Health Analyst
Telephone: (801) 538-3195
Email: boscarson@utah.gov

**BEFORE THE INSURANCE COMMISSIONER
OF THE STATE OF UTAH**

COMPLAINANT:
UTAH INSURANCE DEPARTMENT,

vs.

RESPONDENT:
UNITEDHEALTHCARE LIFE INSURANCE
ATTN: PATRICA A. CALHOON
3100 AMS BLVD
GREEN BAY , WI 54313
Utah Company Id. No. 1837

**NOTICE OF INFORMAL
AGENCY ACTION AND ORDER**

Docket No. 2015-137 LF

Enforcement Case No. 3698

Judge Gregory Soderberg
Administrative Law Judge

The Utah Insurance Department has commenced this informal adjudicative proceeding pursuant to Utah Code Ann. § 31A-2-201 and 63G-4-201 and Utah Admin. Code R590-160. Based upon information contained in the Department's files or known to the Department, the presiding officer enters the following:

FINDINGS OF FACT

1. Respondent is an insurer domiciled in the State of WISCONSIN and authorized to do the business of insurance in the State of Utah, Utah Company Identification No. 1837.
2. Respondent failed to timely file the annual Actuarial Certification Report electronically via SERFF on or before April 1, 2014, as required by Utah Code Ann. § 31A-29-117, Utah Admin. Code Rule R590-220-10, and Bulletin 2007-3.

3. As of the date of this Notice of Informal Adjudicative Proceeding and Order, Respondent has failed to file the required Report.

Having entered his Findings of Fact, the Commissioner now enters his:

CONCLUSION OF LAW

1. In failing timely file its annual Actuarial Certification Report, Respondent violated Utah Code Ann. § 31A-29-117, and Utah Admin. Code Rule R590-220-10.
2. Pursuant to Utah Code Ann. § 31A-2-308, the commissioner may impose a forfeiture of up to \$5,000 for each violation of the Utah Insurance Code or Rules.

Based upon the foregoing Findings of Fact and Conclusions of Law, the Commissioner now enters the following:

ORDER

IT IS HEREBY ORDERED:

1. Respondent is assessed an administrative forfeiture in the amount of \$750.00. Said forfeiture shall be paid no later than ten (10) days after the date this Order becomes final.
2. Respondent shall file its annual Actuarial Certification Report electronically via SERFF to be received in the offices of the Utah Insurance Department no later than ten (10) days of the date this Order becomes final.
3. This Order shall become final fifteen (15) days after the date of mailing unless a written request for a hearing is received from the Respondent in the offices of the department prior to that date. A written request for a hearing shall be signed by the person making the request and shall state the basis for the relief requested.

NOTIFICATION

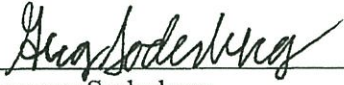
If you request a hearing regarding this matter, please contact Brent Oscarson, Health Analyst. Failure to request a hearing will be considered a failure to exhaust administrative remedies and will preclude any further administrative or judicial review or appeal of this matter.

You are further notified that a failure to obey an order of the Commissioner may subject you to further penalties, including forfeitures of up to \$2,500.00 per violation and the suspension or revocation of your license and the filing of an action to enforce this Order in District Court, which may impose forfeitures of up to \$10,000.00 per day for continued violation.

You are further notified that other jurisdictions in which you may be licensed may require that you report this action to them.

DATED this 30th day of November, 2015.

TODD E. KISER
INSURANCE COMMISSIONER



Gregory Soderberg
Administrative Law Judge
Utah Insurance Department
State Office Building, Room 3110
Salt Lake City, UT 84114
Telephone: (801) 538-3800

CERTIFICATE OF MAILING

The undersigned certifies on this date, a true and correct copy of the forgoing NOTICE OF INFORMAL AGENCY ACTION AND ORDER was mailed, postage prepaid, to the following:

UNITEDHEALTHCARE LIFE INS CO

Attn: Micha Wenck
9700 Health Care Lane
MHO17-E900
Minnetonka, MN 55343

DATED this 30th day of November, 2015.



LINDA HARDY
UTAH INSURANCE DEPARTMENT
STATE OFFICE BUILDING, ROOM 3110
SALT LAKE CITY, UT 84114-6901

UTAH
Invoice - Original

MICAH . WENCK
UNITEDHEALTHCARE LIFE INSURANCE COMPANY
9700 HEALTH CARE LANE
MH017E900
MINNETONKA MN 55343

Printed Date: November 30, 2015
Invoice Date: November 30, 2015
Balance Due: \$750.00
Due Date: January 4, 2016
Invoice ID: 819409
Payor ID: 1837

Date	Item Description	Amount	
11-30-2015	Monetary Penalty Company	\$750.00	E-Case 3698 Docket # 2015-137 LF

No Adjustments

No Payments

Balance Amount Due \$750.00

UTAH
Invoice - Original

Make check payable to: Utah Insurance Department
Send payment to:
Utah Insurance Department
3110 State Office Building
Salt Lake City, UT 84114-6901

Invoice Date: November 30, 2015
Balance Due: \$750.00
Due Date: January 4, 2016
Invoice ID: 819409
Payor ID: 1837

E-Case 3698 Docket # 2015-137 LF

Detach and Return this Voucher with Payment
Payments Will Not Be Processed without Voucher